



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: DEREK JOHNSON, ET AL.

Serial No. 09/822,256

Filed: April 2, 2001

For: LOCATION DEFINED CONTROL OF
CELLULAR SYSTEM

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) Group Art Unit: 2683
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) Examiner: William D.
) Cumming
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I hereby certify that this correspondence is
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Commissioner for Patents,
Alexandria, VA 22313 on July 18, 2005

Sheila Smedick

name Sheila Smedick 7-18-05
signature date

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 223 13-1450

RESPONSE TO OFFICE ACTION

Applicants respectfully request entry of the following amendments and remarks
contained herein in response to the Office Action mailed May 16, 2005. Applicants
respectfully submit that the amendments and remarks contained herein place the instant
application in condition for allowance.

22W

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. AF	
Applicant(s): DEREK JOHNSON, ET AL				01053 (BLL-0222)	
Application No. 09/822,256	Filing Date April 2, 2001	Examiner William D. Cumming	Customer No. 36192	Group Art Unit 2683	Confirmation No. 7274
<div style="float:left"></div> LOCATION DEFINED CONTROL OF CELLULAR SYSTEM					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	1 -	41 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	1 -	5 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
<div style="text-align:center"> _____ Signature</div>			Dated: July 18, 2005		
<div>David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192</div>			<div style="border:1px solid black; padding:5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align:center"><u>July 18, 2005</u> (Date)</p><div style="text-align:center"> _____ Signature of Person Mailing Correspondence</div><p style="text-align:center">Sheila Smedick Typed or Printed Name of Person Mailing Correspondence</p></div>		
cc:					